

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Substitute Form W-9 Each person/organization doing business with the Commonwealth must provide the following information or be subject to backup withholding.

1 _____ AND/OR _____
Social Security Number Federal Identification Number

2 _____
Dun & Bradstreet Number

3 Is this form being completed for disbursement of grant funds? Y / N If yes, skip item 4

4 Provide a **general** description of goods/services to be sold to the Commonwealth: _____

0*	___ Other	6	___ Corporation	A*	___ Partnership
2	___ Federal Agency	7*	___ Sole Proprietor/Reportable Individual	B*	___ Estate
3	___ State Agency	8*	___ Medical Corporation	C*	___ Trust
4	___ Local Government	9	___ Non-Reportable Individual	D*	___ Limited Liability Company
5	___ Political Subdivision				

* Indicates vendor may be eligible to receive a form 1099

LEGAL NAME _____

TRADE NAME _____

Order Address _____

Contact Person _____ Telephone No. _____

E-mail Address _____ FAX No. _____

Remittance Address _____

Contact Person _____ Telephone No. _____

THIS BUSINESS IS CERTIFIED BY THE VIRGINIA DEPARTMENT OF MINORITY BUSINESS ENTERPRISE AS:

___ Small ___ Woman-Owned ___ Minority-Owned

For information on VDMBE certification, visit their website at www.dmbe.virginia.gov or call them at 804-786-6585

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number(s) shown on this form is/are my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: [a] I am exempt from backup withholding, or [b] I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or [c] the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Signature _____ Date _____